

APPENDIX B

SAMPLE FORMAT

REQUEST TO TELECOMMUTE

1. I request approval to telecommute using the following option: *(choose one)*
Regular telecommuting
Episodic telecommuting
Temporary Work at Home *(indicate this is for medical reasons)*
2. I would like to start telecommuting on _____.
3. The address of my telecommuting work site will be:
4. *(For regular telecommuting only)* My regular telecommuting days will be:
5. While I am telecommuting, I will be available on: *(phone number and/or email address)*
6. I have read the Headquarters Telecommuting Standard Operating Procedure, and agree to comply with all of its provisions.